## Case 17-33053 Doc 1 Filed 11/03/17 Entered 11/03/17 13:40:11 Desc Main Document Page 1 of 53

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | ☐ Chapter 7                     |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | Chapter 13                      | Check if this an amended filing |

### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1:                 | Identify Yourself   |   |   |
|-----|-----------------------|---|---|---|
|     |                       |   | About Debtor 1:                                 | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | You                   | r full name   |   |   |
|     | your<br>pictu<br>exar | e the name that is on<br>government-issued<br>ure identification (for<br>mple, your driver's<br>use or passport). | Michael First name  R Middle name               | First name  Middle name                       |
|     | iden                  | g your picture<br>tification to your<br>ting with the trustee.  | Luckow Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  |                       | other names you have<br>d in the last 8 years   |   |   |
|     |                       | ude your married or<br>den names.   |   |   |
| 3.  | you<br>num<br>Indi    | y the last 4 digits of<br>r Social Security<br>nber or federal<br>vidual Taxpayer<br>ntification number           | xxx-xx-9724                                     |   |

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Case number (if known)

Debtor 1 Michael R Luckow

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | □ I have not used any business name or EINs.  DBA Blackhawk Power Solutions LLC  Business name(s)  EINs   | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |
| 5. | Where you live   | 1130 W Byron Ave  | If Debtor 2 lives at a different address:  |
|    |  | Addison, IL 60101  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |
|    |  | DuPage  |  |
|    |  | County  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing   | Check one:  | Check one:   |
|    | this district to file for bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |  |   |  |

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Case number (if known) Debtor 1 Michael R Luckow

| ar  | t 2: Tell the Court About  | Your B       | ankruptcy Ca                     | ase                                  |   |                            |                                       |                         |  |
|-----|--|--------------|----------------------------------|--------------------------------------|---|----------------------------|---------------------------------------|-------------------------|--|
| 7.  | The chapter of the Bankruptcy Code you are   |              |                                  |                                      | of each, see <i>No</i> of<br>f page 1 and che |                            |                                       | 42(b) for Individuals F | iling for Bankruptcy   |
|     | choosing to file under   | ☐ CI         | hapter 7                         |                                      |   |                            |                                       |                         |  |
|     |  | ☐ Chapter 11 |                                  |                                      |   |                            |                                       |                         |  |
|     |  | ☐ CI         | hapter 12                        |                                      |   |                            |                                       |                         |  |
|     |  | ■ CI         | hapter 13                        |                                      |   |                            |                                       |                         |  |
| 3.  | How you will pay the fee   | •            | about how yo                     | ou may pay. Tyր<br>attorney is sub   | oically, if you are                           | paying the fe              | ee yourself, you m                    | ay pay with cash, casl  | court for more details<br>hier's check, or money<br>edit card or check with        |
|     |  |              |                                  |                                      | tallments. If you                             |                            | option, sign and a                    | ttach the Application t | for Individuals to Pay   |
|     |  |              | but is not req<br>applies to you | uired to, waive<br>ur family size aı | your fee, and mand mand you are unable        | y do so only<br>to pay the | if your income is fee in installments | less than 150% of the   | By law, a judge may, official poverty line that ption, you must fill out petition. |
|     |  |              |                                  |                                      |   |                            |                                       |                         |  |
| ).  | Have you filed for<br>bankruptcy within the<br>last 8 years?   | ■ No         |                                  |                                      |   |                            |                                       |                         |  |
|     | ·  |              | District                         |                                      | \   | Vhen                       |                                       | Case number             |  |
|     |  |              | District                         | -                                    |   | When                       |                                       | Case number             |  |
|     |  |              | District                         |                                      | \ \   | When                       |                                       | Case number             |  |
| 10. | Are any bankruptcy   | ■ No         |                                  |                                      |   |                            |                                       |                         |  |
|     | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ■ No         |                                  |                                      |   |                            |                                       |                         |  |
|     |  |              | Debtor                           |                                      |   |                            |                                       | Relationship to you     |  |
|     |  |              | District                         |                                      | \   | When                       |                                       | Case number, if know    | n  |
|     |  |              | Debtor                           |                                      |   |                            |                                       | Relationship to you     |  |
|     |  |              | District                         |                                      | \ \   | When                       |                                       | Case number, if know    | n  |
| 11. | Do you rent your residence?  | ■ No         | Go to I                          | ine 12.                              |   |                            |                                       |                         |  |
|     | residence:   | ☐ Ye         | s. Has yo                        | our landlord obta                    | ained an eviction                             | judgment aç                | gainst you and do                     | you want to stay in yo  | ur residence?  |
|     |  |              |                                  | No. Go to line                       | 12.   |                            |                                       |                         |  |
|     |  |              |                                  | Yes. Fill out Inbankruptcy pe        |   | bout an Evic               | tion Judgment Ag                      | ainst You (Form 101A)   | ) and file it with this  |

Debtor 1 Michael R Luckow Document Page 4 of 53 Case number (if known)

| 13. | Are you a sole proprietor   |                        |   |
|-----|---|------------------------|---|
| 13. | of any full- or part-time business?   | ■ No.                  | Go to Part 4.   |
| 13. |   | ☐ Yes.                 | Name and location of business   |
| 13. | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                        | Name of business, if any  |
| 13. | If you have more than one sole proprietorship, use a separate sheet and attach  |                        | Number, Street, City, State & ZIP Code  |
|     | it to this petition.  |                        | Check the appropriate box to describe your business:  |
|     |   |                        | ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))   |
|     |   |                        | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))   |
|     |   |                        | ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  |
|     |   |                        | ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))   |
|     |   |                        | ☐ None of the above   |
|     | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines<br>operation | filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of c, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure C. 1116(1)(B). |
|     | For a definition of small   | ■ No.                  | I am not filing under Chapter 11.   |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                  | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  |
|     |   | ☐ Yes.                 | I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   |
| art | 4: Report if You Own or   | Have Anv               | Hazardous Property or Any Property That Needs Immediate Attention   |
| 4.  | Do you own or have any  |                        |   |
|     | property that poses or is alleged to pose a threat of imminent and  | ■ No. □ Yes.           | What is the hazard?   |
|     | identifiable hazard to<br>public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?  |                        | If immediate attention is needed, why is it needed?   |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                        | Where is the property?  |
|     |   |                        | Number, Street, City, State & Zip Code  |

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Debtor 1 Michael R Luckow

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 53 Case number (if known) Debtor 1 Michael R Luckow Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. ☐ Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Do you estimate that ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 1-49 you estimate that you **5001-10.000 5**0.001-100.000 **50-99** owe? **1**0,001-25,000 **1**00-199 ☐ More than 100,000 □ 200-999 19. How much do you □ \$0 - \$50,000 □ \$500,000,001 - \$1 billion □ \$1,000,001 - \$10 million estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10.000.000.001 - \$50 billion **\$100,001 - \$500,000** □ \$500,001 - \$1 million □ \$100,000,001 - \$500 million ☐ More than \$50 billion 20. How much do you **□** \$0 - \$50.000 □ \$1,000,001 - \$10 million □ \$500.000.001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$1,000,000,001 - \$10 billion □ \$10,000,001 - \$50 million to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Michael R Luckow Signature of Debtor 2 Michael R Luckow Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on November 3, 2017

MM / DD / YYYY

Debtor 1 Michael R Luckow Document Page 7 of 53 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Jonathan R. Haddad                    | Date          | November 3, 2017         |
|---|---------------|--------------------------|
| Signature of Attorney for Debtor          |               | MM / DD / YYYY           |
| Jonathan R. Haddad Printed name           |               |                          |
| The Law Offices of Jonathan R Haddad      |               |                          |
| 1147 W 175th Street<br>Homewood, IL 60430 |               |                          |
| Number, Street, City, State & ZIP Code    |               |                          |
| Contact phone (708)259-3337               | Email address | Jonathan@JRHaddadlaw.com |
| 6319215                                   |               |                          |
| Bar number & State                        |               |                          |

|                        |                          | DOCUIII           | eni Paue o oi 53 |                       |
|------------------------|--------------------------|-------------------|------------------|-----------------------|
| Fill in this infor     | mation to identify your  | case:             |                  |                       |
| Debtor 1               | Michael R Lucko          | w                 |                  |                       |
|                        | First Name               | Middle Name       | Last Name        |                       |
| Debtor 2               |                          |                   |                  |                       |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name        |                       |
| United States Ba       | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                       |
| Case number (if known) |                          |                   |                  | ☐ Check if this is an |
|                        |                          |                   |                  | amended filing        |
|                        |                          |                   |                  | amended filing        |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |   | Your a      | ssets<br>of what you own      |
|-----|---|-------------|-------------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$          | 187,091.00                    |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$          | 61,984.00                     |
|     | 1c. Copy line 63, Total of all property on Schedule A/B   | \$          | 249,075.00                    |
| Pai | t 2: Summarize Your Liabilities   |             |                               |
|     |   |             | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 260,099.00                    |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                          | \$          | 0.00                          |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$          | 58,636.00                     |
|     | Your total liabilities  | \$          | 318,735.00                    |
| Pai | t 3: Summarize Your Income and Expenses   |             |                               |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$          | 4,500.00                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$          | 3,643.00                      |
| Pai | Answer These Questions for Administrative and Statistical Records   |             |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                    | r other sch | nedules.                      |
| 7.  | ■ Yes What kind of debt do you have?  |             |                               |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a  | personal,   | family, or                    |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

| Debtor 1 | Michael R Luckow | Documer | nt | Page 9 of 53<br>Case number (if | known) |  |  |
|----------|------------------|---------|----|---------------------------------|--------|--|--|
|          |                  |         |    |                                 |        |  |  |

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14. | \$ |
|----|--|----|
|    |  |    |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on <i>Schedule E/F</i> , copy the following:   | Total cl | aim  |
|--|----------|------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$       | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$       | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$       | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$       | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$       | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$      | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$       | 0.00 |

|                             | (  | Case 17-33053  | B Doc 1  | Filed 11/0<br>Docume                    |                       | Entered 11/03/17<br>Page 10 of 53   | 7 13:40:11                                 | Desc          | Main  |
|-----------------------------|--|--|--|---|-----------------------|---|--|---------------|---|
|                             | in this inf  | ormation to identify   | your case and th   |   |                       | MW IV VI VI   |  |               |   |
| Deb                         | otor 1   | Michael R Lu<br>First Name   |  | e Name                                  |                       | Last Name   |  |               |   |
|                             | otor 2<br>ouse, if filing)                                 | First Name   | Middle   | e Name                                  | - 1                   | Last Name   |  |               |   |
| Uni                         | ted States   | Bankruptcy Court for   | the: NORTHER   | N DISTRICT C                            | OF ILLING             | DIS   |  |               |   |
| Cas                         | se number  |  |  |   |                       |   |  |               | Check if this is an amended filing                        |
|                             |  | orm 106A/B<br>J <b>le A/B: Pr</b>  | -  |   |                       |   |  |               | 12/15   |
| n ea<br>nink<br>nfor<br>nsv | ch categor<br>tit fits best<br>mation. If n<br>ver every q | y, separately list and do<br>. Be as complete and a<br>nore space is needed, a | escribe items. List<br>accurate as possibl<br>attach a separate si | le. If two married<br>heet to this form | d people an. On the t | asset fits in more than one or the filing together, both are exp of any additional pages, | qually responsible                         | e for supply  | ing correct   |
|                             |  | <u></u>  |  |   |                       |   |  |               |   |
| _                           | _  |  | uitable interest in a  | any residence, b                        | oullaing, la          | ınd, or similar property?   |  |               |   |
|                             | No. Go to Yes. Whe   | re is the property?  |  |   |                       |   |  |               |   |
| 1.1                         |  |  |  | What is the                             | property?             | Check all that apply  |  |               |   |
|                             |  | Byron Ave<br>ess, if available, or other desc                                  | cription   | ☐ Duple                                 |                       | me<br>unit building<br>r cooperative  | the amount of any                          | secured cla   | or exemptions. Put ims on Schedule D: ecured by Property. |
|                             | Addiso   | n IL<br>State  | 60101-0000<br>ZIP Code   | Land                                    |                       | mobile home   | Current value of entire property? \$187,09 | pc            | urrent value of the ortion you own?                       |
|                             | Oily   | State  | ZIF Code   | ☐ Times                                 | r                     | the property? Check one   | Describe the nat                           | ure of your o | ownership interest<br>by the entireties, or               |
|                             |  |  |  |   | or 1 only             |   | Fee Simple                                 |               |   |
|                             | County   | )  |  | Debto                                   |                       | ebtor 2 only<br>ne debtors and another  | ☐ Check if this (see instruction           |               | nity property   |
|                             |  |  |  | Other inform<br>property ide            | •                     | wish to add about this item number:   | , such as local                            |               |   |
|                             |  |  |  | Value per                               |                       |   |  |               |   |
|                             |  |  |  |   |                       |   |  |               |   |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for

pages you have attached for Part 1. Write that number here......

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

\$187,091.00

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Case number (if known) Document Debtor 1 Michael R Luckow 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Do not deduct secured claims or exemptions. Put **Toyota** Who has an interest in the property? Check one Make: the amount of any secured claims on Schedule D: 4Runner Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2003 Year: Debtor 2 only Current value of the Current value of the 127000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Value per KBBPPV \$4,553.00 \$4,553.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories □ No Yes Who has an interest in the property? Check one Make: Lond Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only **Impact** Model: Creditors Who Have Claims Secured by Property. Year: 2015 Debtor 2 only Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another ☐ Check if this is community property \$20,000.00 \$20,000.00 Used Boat 150 hrs (see instructions) 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$24,553.00 .pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... **Used Household Goods** \$2,500.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... \$500.00 **Used Electronics** 8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

■ No

☐ Yes. Describe.....

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| 9. | musical instruments  No   |                          | obby equipment; bicycles, pool tables, golf clubs, skis; canoes   | and kayaks; carpentry tools;  |
|----|---|--------------------------|---|---|
| 10 | <ul> <li>☐ Yes. Describe</li> <li>Firearms</li></ul>                | uns, ammunition, and i   | related equipment   |   |
| 11 | Clothes     Examples: Everyday clothes, fu     No     Yes. Describe | ırs, leather coats, desi | gner wear, shoes, accessories   |   |
|    | Used  | Clothing                 |   | \$150.00  |
| 12 | □ No ■ Yes. Describe  |                          | ement rings, wedding rings, heirloom jewelry, watches, gems,  | -   |
|    | Watc  | h and Ring               |   | \$50.00   |
| 14 | ■ No □ Yes. Give specific information                               | ehold items you did r    | not already list, including any health aids you did not list  |   |
| 10 |   | •                        | int 3, including any entries for pages you have attached  | \$3,200.00  |
| D  | art 4: Describe Your Financial Asse                                 | 40                       |   |   |
|    | o you own or have any legal or o                                    |                          | any of the following?   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16 | Cash Examples: Money you have in y ■ No □ Yes                       |                          | me, in a safe deposit box, and on hand when you file your petit   | ion   |
| 17 | institutions. If you ha   |                          | unts; certificates of deposit; shares in credit unions, brokerage with the same institution, list each. | houses, and other similar   |
|    | ☐ No ■ Yes  |                          | Institution name:   |   |
|    | 17.1.   | Checking                 | West Suburban Bank  | \$150.00  |
|    | 17.2.   | Checking                 | BMO Harris Business   | \$4,080.00  |

Official Form 106A/B

Debtor 1

Case 17-33053 Doc 1 Filed 11/03/17 Entered 11/03/17 13:40:11 Desc Main Document Page 13 of 53 Case number (if known) Debtor 1 Michael R Luckow 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and ioint venture □ No Yes. Give specific information about them..... Name of entity: % of ownership: **Blackhawk Power Solutions** 2005 GMC Savana 2005 (\$4,900.00 value KBB) Paid Off 2015 Ford F150 (\$26,293,00 value KBB) Lien 100 \$1.00 through Ally Financial % 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: \$20,000.00 Pension **134 IBEW** 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. .....

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Issuer name and description. ☐ Yes.....

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes.....

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

■ No

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

■ No

☐ Yes. Give specific information about them...

Money or property owed to you? Current value of the portion you own?

Case 17-33053 Doc 1 Filed 11/03/17 Entered 11/03/17 13:40:11 Desc Main Document Page 14 of 53 Case number (if known) Debtor 1 Michael R Luckow Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information...... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$24,231.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? ☐ No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 5

□ No

Yes. Describe.....

38. Accounts receivable or commissions you already earned

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Case number (if known) Document

Debtor 1 Michael R Luckow

|     |                      | Accounts Receivable   | \$8,000.00                   |
|-----|----------------------|---|------------------------------|
| Ra. | Office equipment     | furnishings, and supplies   |                              |
|     |                      | s-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks                           | , chairs, electronic devices |
|     | ■ No                 |   |                              |
|     | ☐ Yes. Describe      |   |                              |
| 10  | Machinery fixtures   | s, equipment, supplies you use in business, and tools of your trade   |                              |
| ŧU. | □ No                 | s, equipment, supplies you use in business, and tools of your trade   |                              |
|     | Yes. Describe        |   |                              |
|     |                      |   |                              |
|     |                      | Tools of Trade  | \$2,000.00                   |
|     |                      |   |                              |
|     | Inventory  No        |   |                              |
|     | Yes. Describe        |   |                              |
|     | — Tes. Describe      |   |                              |
| 12. | Interests in partner | ships or joint ventures   |                              |
|     | ■ No                 |   |                              |
|     | ☐ Yes. Give specific | c information about them  |                              |
|     |                      | Name of entity: % of ownership:   |                              |
| 13  | Customer lists, ma   | iling lists, or other compilations  |                              |
|     | ■ No.                | ming note, or other complications   |                              |
| _   |                      | e personally identifiable information (as defined in 11 U.S.C. § 101(41A))?   |                              |
|     |                      |   |                              |
|     | ■ No                 |   |                              |
|     | ☐ Yes. Desc          | pribe   |                              |
| 14  | Any husiness-relat   | ed property you did not already list  |                              |
|     | ■ No                 | ed property you did not already list  |                              |
|     | ☐ Yes. Give specific | information   |                              |
|     |                      |   |                              |
| 4.5 |                      | lus of all of varia antico from Dart F. including any antico for many variables.  |                              |
| 45  |                      | lue of all of your entries from Part 5, including any entries for pages you have attached hat number here                 | \$10,000.00                  |
|     |                      |   |                              |
| Pa  |                      | rm- and Commercial Fishing-Related Property You Own or Have an Interest In. e an interest in farmland, list it in Part 1. |                              |
| 16  | Do you own or have   | e any legal or equitable interest in any farm- or commercial fishing-related property?                                    |                              |
| +0. | No. Go to Part 7.    | e any legal of equitable interest in any faritr- of commercial histing-related property:                                  |                              |
|     | Yes. Go to line 47   |   |                              |
|     |                      |   |                              |
| Ра  | Describe Al          | Property You Own or Have an Interest in That You Did Not List Above   |                              |
| 53. | Do you have other    | property of any kind you did not already list?  |                              |
|     | Examples: Season     | tickets, country club membership  |                              |
|     | ■ No                 |   |                              |
|     | ☐ Yes. Give specific | Information   |                              |
| 54  | Add the dollar va    | lue of all of your entries from Part 7. Write that number here  | \$0.00                       |
| - ' |                      |   |                              |

Official Form 106A/B

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Case number (if known)

Document Debtor 1 Michael R Luckow

List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$187,091.00 56. Part 2: Total vehicles, line 5 \$24,553.00 57. Part 3: Total personal and household items, line 15 \$3,200.00 Part 4: Total financial assets, line 36 \$24,231.00 59. Part 5: Total business-related property, line 45 \$10,000.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$61,984.00 Copy personal property total \$61,984.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$249,075.00

Official Form 106A/B Schedule A/B: Property page 7

|                     |                          |                   | 1 |                                      |
|---------------------|--------------------------|-------------------|---|--------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |   |                                      |
| Debtor 1            | Michael R Lucko          | w                 |   |                                      |
|                     | First Name               | Middle Name       | Last Name                               |                                      |
| Debtor 2            |                          |                   |   |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name                               |                                      |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS                             |                                      |
| Case number         |                          |                   |   |                                      |
| (if known)          |                          |                   |   | ☐ Check if this is an amended filing |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the | Property You | Claim as | Exempt |
|---------|--------------|--------------|----------|--------|
|---------|--------------|--------------|----------|--------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own |     | Specific laws that allow exemption                              |                       |
|--|--|-----|---|-----------------------|
|  | Copy the value from<br>Schedule A/B                                    | Che | eck only one box for each exemption.                            |                       |
| 1130 W Byron Ave Addison, IL 60101<br>DuPage County                                    | \$187,091.00   |     | \$15,000.00   | 735 ILCS 5/12-901     |
| Value per Zillow Line from Schedule A/B: 1.1   |  |     | 100% of fair market value, up to any applicable statutory limit |                       |
| 2003 Toyota 4Runner 127000 miles<br>Value per KBBPPV                                   | \$4,553.00   |     | \$2,400.00  | 735 ILCS 5/12-1001(c) |
| Line from Schedule A/B: 3.1  |  |     | 100% of fair market value, up to any applicable statutory limit |                       |
| Used Clothing Line from Schedule A/B: 11.1   | \$150.00   |     | \$150.00  | 735 ILCS 5/12-1001(a) |
|  |  |     | 100% of fair market value, up to any applicable statutory limit |                       |
| Checking: West Suburban Bank Line from Schedule A/B: 17.1                              | \$150.00   |     | \$150.00  | 735 ILCS 5/12-1001(b) |
|  |  |     | 100% of fair market value, up to any applicable statutory limit |                       |
| Checking: BMO Harris Business  | \$4,080.00   |     | \$3,850.00  | 735 ILCS 5/12-1001(b) |
| Ello Holli Gorioddio 775.  |  |     | 100% of fair market value, up to any applicable statutory limit |                       |

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Debtor 1 Michael R Luckow

|   | MIGHACI IX EAGNOW  |                                      |         |   | ·                                  |
|---|--|--------------------------------------|---------|---|------------------------------------|
|   | rief description of the property and line on chedule A/B that lists this property      | Current value of the portion you own | Am      | ount of the exemption you claim                                 | Specific laws that allow exemption |
|   |  | Copy the value from<br>Schedule A/B  | Che     | eck only one box for each exemption.                            |                                    |
| _ | Pension: 134 IBEW ine from Schedule A/B: 21.1  | \$20,000.00                          |         | 100%  | 735 ILCS 5/12-1006                 |
| _ | ine nom denedate 745. 2111   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| _ | ools of Trade  | \$2,000.00                           |         | \$1,500.00  | 735 ILCS 5/12-1001(d)              |
| L | ine nom <i>Schedule PVB</i> . <b>40.1</b>  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | are you claiming a homestead exemption Subject to adjustment on 4/01/19 and every ■ No |                                      |         | led on or after the date of adjustme                            | nt.)                               |
|   | Yes. Did you acquire the property cover  | red by the exemption wi              | ithin 1 | ,215 days before you filed this case                            | ?                                  |
|   | □ No   |                                      |         |   |                                    |
|   | ☐ Yes  |                                      |         |   |                                    |

|                        |                       | Document   | Page 19         | 9 of 53                            |  |                   |
|------------------------|-----------------------|--|-----------------|------------------------------------|--|-------------------|
| Fill in this informat  | tion to identify you  | ır case:   |                 |                                    |  |                   |
| Debtor 1               | Michael R Luck        | OW   |                 |                                    |  |                   |
| -                      | First Name            | Middle Name  | Last Name       |                                    | _                                      |                   |
| Debtor 2               |                       |  |                 |                                    |  |                   |
| (Spouse if, filing)    | First Name            | Middle Name  | Last Name       |                                    | -                                      |                   |
| United States Bankr    | ruptcy Court for the: | NORTHERN DISTRICT OF ILL   | INOIS           |                                    |  |                   |
| Ormod Otatoo Barma     | aptoy Court for the.  |  |                 |                                    | =                                      |                   |
| Case number            |                       |  |                 |                                    |  |                   |
| (if known)             |                       |  |                 |                                    | ☐ Check                                | if this is an     |
|                        |                       |  |                 |                                    | ameno                                  | ded filing        |
| O#: -: -! =            | 400D                  |  |                 |                                    |  |                   |
| Official Form          |                       |  |                 |                                    |  |                   |
| Schedule D             | : Creditors           | Who Have Claims S  | 3ecure          | d by Propert                       | :y                                     | 12/15             |
|                        |                       |  |                 |                                    |  |                   |
|                        |                       | If two married people are filing togethe<br>out, number the entries, and attach it to        |                 |                                    |  |                   |
| number (if known).     |                       | ,  |                 | ,,                                 | , , ,                                  |                   |
| 1. Do any creditors ha | ve claims secured by  | y your property?   |                 |                                    |  |                   |
| □ No. Check th         | is box and submit th  | his form to the court with your other:   | schedules. Y    | ou have nothing else               | to report on this form.                |                   |
| Voc. Fill in al        | l of the information  | holow  |                 | · ·                                |  |                   |
|                        |                       | below.   |                 |                                    |  |                   |
| Part 1: List All S     | Secured Claims        |  |                 | Column A                           | Column B                               | Column C          |
|                        |                       | more than one secured claim, list the cred   |                 | ,                                  |  |                   |
|                        |                       | s a particular claim, list the other creditors<br>cal order according to the creditor's name |                 | Amount of claim  Do not deduct the | Value of collateral that supports this | Unsecured portion |
|                        | o ciao a.p.i.aboti.   | •  |                 | value of collateral.               | claim                                  | If any            |
| 2.1 <b>Bb&amp;T</b>    |                       | Describe the property that secures the   |                 | \$230,349.00                       | \$187,091.00                           | \$43,258.00       |
| Creditor's Name        |                       | 1130 W Byron Ave Addison,  | IL              |                                    |  |                   |
|                        |                       | 60101 DuPage County  |                 |                                    |  |                   |
| Attn: Bankrı           | uptcy                 | Value per Zillow As of the date you file, the claim is:                                      | Charle all that |                                    |  |                   |
| Po Box 1847            |                       | apply.   | neck all that   |                                    |  |                   |
| Wilson, NC             | 27894                 | ☐ Contingent   |                 |                                    |  |                   |
| Number, Street, Cit    | y, State & Zip Code   | ☐ Unliquidated   |                 |                                    |  |                   |
|                        |                       | ☐ Disputed   |                 |                                    |  |                   |
| Who owes the debt      | ? Check one.          | Nature of lien. Check all that apply.  |                 |                                    |  |                   |
| Debtor 1 only          |                       | An agreement you made (such as n   | nortgage or sec | cured                              |  |                   |
| Debtor 2 only          |                       | car loan)  |                 |                                    |  |                   |
| Debtor 1 and Debto     | or 2 only             | ☐ Statutory lien (such as tax lien, mec  | hanic's lien)   |                                    |  |                   |
| ☐ At least one of the  |                       | ☐ Judgment lien from a lawsuit   |                 |                                    |  |                   |
| ☐ Check if this clain  | relates to a          | ☐ Other (including a right to offset)  |                 |                                    |  |                   |
| community debt         |                       |  |                 |                                    |  |                   |
|                        | Opened                |  |                 |                                    |  |                   |
|                        | 11/12 Last            |  |                 |                                    |  |                   |
|                        | Active                |  |                 |                                    |  |                   |
| Date debt was incurre  | ed 9/07/16            | Last 4 digits of account numb  | er 9193         |                                    |  |                   |
|                        |                       |  |                 |                                    |  |                   |
| 2.2 Landmark C         | redit Union           | Describe the property that secures the   | ne claim:       | \$29,750.00                        | \$20,000.00                            | \$9,750.00        |
| Creditor's Name        |                       | 2015 Lond Impact   |                 |                                    |  |                   |
|                        |                       | Used Boat 150 hrs  |                 |                                    |  |                   |
|                        |                       | As of the date you file, the claim is: (   | Chook all that  |                                    |  |                   |
| Po Box 5107            |                       | apply.   | JIECK all triat |                                    |  |                   |
| New Berlin,            | WI 53151              | ☐ Contingent   |                 |                                    |  |                   |
| Number, Street, Cit    | y, State & Zip Code   | ☐ Unliquidated   |                 |                                    |  |                   |
|                        |                       | Disputed   |                 |                                    |  |                   |
| Who owes the debt'     | Check one.            | Nature of lien. Check all that apply.  |                 |                                    |  |                   |
| Debtor 1 only          |                       | An agreement you made (such as n   | nortgage or sec | cured                              |  |                   |
| Debtor 2 only          |                       | car loan)  |                 |                                    |  |                   |
| Debtor 1 and Debto     | •                     | Statutory lien (such as tax lien, med  | hanic's lien)   |                                    |  |                   |
| At least one of the    | debtors and another   | ☐ Judgment lien from a lawsuit   |                 |                                    |  |                   |

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| Debtor 1 Michael R Luckow               |   |   | Case number (if know) |   |   |  |
|---|---|---|-----------------------|---|---|--|
| First Name                              | Middle N                                  | ame Last Name   |                       |   |   |  |
| ☐ Check if this claim re community debt | elates to a                               | Other (including a right to offset)   |                       |   | _ |  |
| Date debt was incurred                  | Opened<br>04/15 Last<br>Active<br>7/25/17 | Last 4 digits of account number   | 0143                  |   |   |  |
|   | •   | column A on this page. Write that number the dollar value totals from all pages.                | nere:                 | \$260,099.00  |   |  |
| Write that number her                   |   | the donar value totals from all pages.  |                       | \$260,099.00  |   |  |
| Part 2: List Others t                   | o Be Notified fo                          | or a Debt That You Already Listed   |                       |   |   |  |
| trying to collect from yo               | u for a debt you o<br>y of the debts that | owe to someone else, list the creditor in Pa<br>t you listed in Part 1, list the additional cre | rt 1, and then li     | ady listed in Part 1. For example, if a collection agency is ist the collection agency here. Similarly, if you have more ou do not have additional persons to be notified for any |   |  |
| Name, Number, St                        |   | Zip Code  | On which line         | e in Part 1 did you enter the creditor? _2.1_   |   |  |
| 15W030 N Fro<br>Burr Ridge, IL          | ntage Road                                |   | Last 4 digits         | of account number   |   |  |

|   |   | Document  | Page 2                         | 1 of 53   |   |
|---|---|---|--------------------------------|---|---|
| Fill in this info   | rmation to identify your  | case:   |                                |   |   |
| Debtor 1  | Michael R Luckov  | N   |                                |   |   |
| 20210.  | First Name  | Middle Name   | Last Name                      |   |   |
| Debtor 2  |   |   |                                |   |   |
| (Spouse if, filing)   | First Name  | Middle Name   | Last Name                      |   |   |
| United States E   | Sankruptcy Court for the:   | NORTHERN DISTRICT OF IL   | LINOIS                         |   |   |
| Casa numbar   |   |   |                                |   |   |
| Case number<br>(if known)   |   |   |                                | П   | Check if this is an                               |
|   |   |   |                                |   | amended filing                                    |
| ~ · · · -   | 4005/5  |   |                                |   |   |
|   | m 106E/F  |   |                                |   |   |
| 3chedule  | E/F: Creditors W  | ho Have Unsecured   | Claims                         |   | 12/15   |
| Schedule G: Exec<br>Schedule D: Cred<br>eft. Attach the Co<br>name and case n | cutory Contracts and Unexp<br>litors Who Have Claims Sec<br>ontinuation Page to this pag<br>umber (if known). | ired Leases (Official Form 106G). I<br>ured by Property. If more space is<br>le. If you have no information to re | Do not include<br>needed, copy | contracts on Schedule A/B: Property (Of<br>any creditors with partially secured clai<br>the Part you need, fill it out, number the<br>do not file that Part. On the top of any ad | ms that are listed in entries in the boxes on the |
|   | All of Your PRIORITY Ur<br>itors have priority unsecure   |   |                                |   |   |
| _   |   | u ciailis agailist you?   |                                |   |   |
| ■ No. Go to   | Part 2.   |   |                                |   |   |
| Yes. Part 2: List   | All of Your NONPRIORIT  | V Unacquired Claims   |                                |   |   |
|   |   |   |                                |   |   |
| _ `   | itors have nonpriority unsec  |   |                                |   |   |
| □ No. You h   | nave nothing to report in this p  | art. Submit this form to the court with   | your other sch                 | edules.   |   |
| Yes.  |   |   |                                |   |   |
| unsecured cl  | aim, list the creditor separatel  | y for each claim. For each claim listed   | d, identify what               | o holds each claim. If a creditor has more<br>type of claim it is. Do not list claims already<br>a three nonpriority unsecured claims fill out                                    | included in Part 1. If more                       |
| r uit z.  |   |   |                                |   | Total claim                                       |
| 4.1 Capita  | al One  | Last 4 digits of acc  | ount number                    | 1791  | \$5,167.00  |
| •   | rity Creditor's Name  |   |                                |   |   |
|   | General   | When was the deb  | 4 imagrama d0                  | Opened 08/12 Last Active  |   |
|   | spondence/Bankrupto<br>x 30285  | y when was the dep  | t incurred?                    | 7/01/16   |   |
|   | ake City, UT 84130  |   |                                |   |   |
|   | Street City State Zlp Code  | As of the date you  | file, the claim                | is: Check all that apply  |   |
| _   | curred the debt? Check one.   |   |                                |   |   |
|   | or 1 only   | ☐ Contingent  |                                |   |   |
| ☐ Debt  | or 2 only   | ☐ Unliquidated  |                                |   |   |
|   | or 1 and Debtor 2 only  | ☐ Disputed  |                                |   |   |
| ☐ At le   | ast one of the debtors and an   |   | RITY unsecure                  | d claim:  |   |
|   | ck if this claim is for a com   | •   |                                |   |   |
| debt<br>Is the c  | aim subject to offset?  | ☐ Obligations arising report as priority claim  |                                | aration agreement or divorce that you did no  | ot  |
| ■ No  |   |   |                                | ng plans, and other similar debts   |   |
| ☐ Yes   |   |   |                                |   |   |
| ⊔ Yes   |   | Other. Specify  | Siedit Cart                    | 4   |   |

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Debtor 1 Michael R Luckow Case number (if know) 4.2 Capital One Last 4 digits of account number 9477 \$1,953.00 Nonpriority Creditor's Name Opened 11/15 Last Active Attn: General Correspondence/Bankruptcy When was the debt incurred? 10/06/17 Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Charge Account 4.3 **Capital One** Last 4 digits of account number 7279 \$203.00 Nonpriority Creditor's Name Attn: General Opened 04/07 Last Active Correspondence/Bankruptcy When was the debt incurred? 8/08/16 Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.4 **Chase Card** Last 4 digits of account number 0707 \$4,733.00 Nonpriority Creditor's Name Opened 08/12 Last Active Attn: Correspondence Dept Po Box 15298 When was the debt incurred? 6/16/16 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

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Debtor 1 Michael R Luckow Case number (if know) 4.5 Chase Card Last 4 digits of account number 8877 \$3.547.00 Nonpriority Creditor's Name **Attn: Correspondence Dept** Opened 04/15 Last Active Po Box 15298 When was the debt incurred? 8/01/16 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.6 Comenity/Crate & Barrell Last 4 digits of account number 8677 \$2,106.00 Nonpriority Creditor's Name **Comenity Bank** Opened 11/14 Last Active Po Box 182125 When was the debt incurred? 5/12/17 Columbus, OH 43218 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Charge Account** Other. Specify 4.7 LVNV Funding/Resurgent Capital Last 4 digits of account number 6332 \$36,160.00 Nonpriority Creditor's Name Po Box 10497 When was the debt incurred? **Opened 03/17** Greenville, SC 29603 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No **Factoring Company Account On Deck** Other. Specify Capital Inc Ondeck Ca ☐ Yes

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Debtor 1 Michael R Luckow Case number (if know) 4.8 Med Business Bureau Last 4 digits of account number 4549 \$194.00 Nonpriority Creditor's Name 1460 Renaissance Dr #400 When was the debt incurred? **Opened 09/16** Park Ridge, IL 60068 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $oxed{\square}$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Collection Attorney Dupage Valley Anes Other. Specify Ltd ☐ Yes 4.9 Med Business Bureau Last 4 digits of account number 4548 \$50.00 Nonpriority Creditor's Name 1460 Renaissance Dr #400 When was the debt incurred? **Opened 03/14** Park Ridge, IL 60068 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not debt Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts Collection Attorney Dupage Emergency ☐ Yes Other. Specify Phys Nationwide Credit & Collections, 4.1 7428 \$143.00 Last 4 digits of account number Inc Nonpriority Creditor's Name When was the debt incurred? Attn: Bankruptcy **Opened 09/16** 815 Commerce Dr Ste 270 Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Dupage Medical Group ☐ Yes

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| Depto | Michael R Luckow   |   | Case number (if know)                         |                |
|-------|--|---|---|----------------|
| 4.1   | Nationwide Credit & Collections, Inc   | Last 4 digits of account number                               | 0632  | \$137.00       |
|       | Nonpriority Creditor's Name Attn: Bankruptcy 815 Commerce Dr Ste 270 Oak Brook, IL 60523 | When was the debt incurred?                                   | Opened 02/17                                  |                |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one.                     | As of the date you file, the claim i                          | is: Check all that apply                      |                |
|       | Debtor 1 only  | ☐ Contingent  |   |                |
|       | ☐ Debtor 2 only  | ☐ Unliquidated  |   |                |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |                |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                 | d claim:                                      |                |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |   |                |
|       | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not |                |
|       | ■ No   | Debts to pension or profit-sharin                             | g plans, and other similar debts              |                |
|       | Yes  | Other. Specify Collection                                     | Attorney Dupage Medical Group                 |                |
| 4.1   | Nationwide Credit & Collections,   |   |   |                |
| 2     | Inc  | Last 4 digits of account number                               |   | \$98.00        |
|       | Nonpriority Creditor's Name Attn: Bankruptcy 815 Commerce Dr Ste 270                     | When was the debt incurred?                                   | Opened 01/14 Last Active 8/11/15              |                |
|       | Oak Brook, IL 60523  Number Street City State Zlp Code                                   | As of the date you file, the claim i                          | is: Check all that apply                      |                |
|       | Who incurred the debt? Check one.  | ·   | ,       |                |
|       | Debtor 1 only  | ☐ Contingent  |   |                |
|       | Debtor 2 only  | ☐ Unliquidated  |   |                |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |                |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                 | d claim:                                      |                |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |   |                |
|       | debt<br>Is the claim subject to offset?  | Obligations arising out of a sepa report as priority claims   | aration agreement or divorce that you did not |                |
|       | No   | Debts to pension or profit-sharin                             | g plans, and other similar debts              |                |
|       | Yes  | ■ Other. Specify Collection                                   | Attorney Dupage Medical Group                 |                |
| 4.1   | Nationwide Credit & Collections,   |   | 0444  | <b>\$00.00</b> |
| 3     | Nonpriority Creditor's Name  | Last 4 digits of account number                               | 9141  | \$96.00        |
|       | Attn : Bankruptcy<br>815 Commerce Dr Ste 270<br>Oak Brook, IL 60523                      | When was the debt incurred?                                   | Opened 08/16                                  |                |
|       | Number Street City State ZIp Code Who incurred the debt? Check one.                      | As of the date you file, the claim i                          | is: Check all that apply                      |                |
|       | ■ Debtor 1 only  | ☐ Contingent  |   |                |
|       | ☐ Debtor 2 only  | ☐ Unliquidated  |   |                |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |                |
|       | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                 | d claim:                                      |                |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |   |                |
|       | debt Is the claim subject to offset?   | report as priority claims                                     | aration agreement or divorce that you did not |                |
|       | ■ No   | ☐ Debts to pension or profit-sharin                           |   |                |
|       | □ voc  | Out of the Collection   | Attorney Dunage Medical Group                 |                |

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Case number (if know)

Debtor 1 Michael R Luckow

| 4.1 | Worlds Foremost Bank N                    | Last 4 digits of account number                            | 2888   | \$4,049.00 |  |  |  |
|-----|---|--|--|------------|--|--|--|
|     | Nonpriority Creditor's Name               |  | Opened 04/15 Last Active                     |            |  |  |  |
|     | Attn: Bankruptcy<br>4800 Nw 1st St        | When was the debt incurred?                                | Opened 04/15 Last Active 10/14/16            |            |  |  |  |
|     | Lincoln, NE 68521                         | when was the debt incurred:                                | 10/14/10                                     |            |  |  |  |
|     | Number Street City State Zlp Code         | As of the date you file, the claim i                       | s: Check all that apply                      |            |  |  |  |
|     | Who incurred the debt? Check one.         | •  | ,  |            |  |  |  |
|     | Debtor 1 only                             | ☐ Contingent   |  |            |  |  |  |
|     | Debtor 2 only                             | ☐ Unliquidated   |  |            |  |  |  |
|     | ☐ Debtor 1 and Debtor 2 only              | ☐ Disputed   |  |            |  |  |  |
|     | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured                              | Type of NONPRIORITY unsecured claim:         |            |  |  |  |
|     | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |  |  |  |
|     | debt Is the claim subject to offset?      | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |  |  |  |
|     | ■ No                                      | Debts to pension or profit-sharing                         | g plans, and other similar debts             |            |  |  |  |
|     | Yes                                       | ■ Other. Specify Credit Card                               | <u> </u>                                     |            |  |  |  |

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     | 7  | Total Claim |
|-----------------------|-----|---|-----|----|-------------|
|                       | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total claims          |     |   |     |    |             |
| from Part 1           | 6b. | Taxes and certain other debts you owe the government                              | 6b. | \$ | 0.00        |
|                       | 6c. | Claims for death or personal injury while you were intoxicated                    | 6c. | \$ | 0.00        |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.           | 6d. | \$ | 0.00        |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|                       |     |   |     | 7  | Total Claim |
| Total                 | 6f. | Student loans   | 6f. | \$ | 0.00        |
| claims<br>from Part 2 | 6a. | Obligations arising out of a separation agreement or divorce that                 |     |    |             |
|                       | -9. | you did not report as priority claims   | 6g. | \$ | 0.00        |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                 | 6h. | \$ | 0.00        |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 58,636.00   |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.                                       | 6j. | \$ | 58,636.00   |

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

|                     |                          | D XXXIII X        |             |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor  | mation to identify your  | case:             |             |  |
| Debtor 1            | Michael R Lucko          | w                 |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
|                     |                          |                   |             |  |

### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | h whom you have the<br>er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--|-------------------|---|
| 2.1 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     |           |              |  |                   | _                                       |
|     | Number    | Street       |  |                   |   |
|     | City      |              | State  | ZIP Code          |   |
| 2.2 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     |           |              |  |                   |   |
|     | Number    | Street       |  |                   |   |
|     | City      |              | State  | ZIP Code          | _                                       |
| 2.3 | City      |              | State  | ZIP Code          |   |
| 2.3 |           |              |  |                   | _                                       |
|     | Name      |              |  |                   |   |
|     |           |              |  |                   |   |
|     | Number    | Street       |  |                   | _                                       |
|     |           |              |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          |   |
| 2.4 |           |              |  |                   | _                                       |
|     | Name      |              |  |                   |   |
|     |           |              |  |                   |   |
|     | Number    | Street       |  |                   | <u> </u>                                |
|     |           |              |  |                   |   |
|     | City      |              | State  | ZIP Code          |   |
| 2.5 |           |              |  |                   |   |
|     | Name      |              |  |                   |   |
|     |           |              |  |                   |   |
|     | Number    | Street       |  |                   | _                                       |
|     |           |              |  |                   |   |
|     | City      |              | State  | ZIP Code          |   |

|                               |  | Docum   | ent Page 28 o   | <u>f 53                                     </u>  |           |
|-------------------------------|--|---|---|---|-----------|
| Fill in this                  | information to identify your ca  | ase:  |   |   |           |
| Debtor 1                      | Michael R Luckow   |   |   |   |           |
|                               | First Name   | Middle Name   | Last Name   |   |           |
| Debtor 2<br>(Spouse if, filir | ng) First Name   | Middle Name   | Last Name   |   |           |
| I Inited Sta                  | tes Bankruptcy Court for the:  | NORTHERN DISTRIC  | T OF ILLINOIS   |   |           |
| Officed Sta                   | tes bankruptcy Court for the.  | NORTHERN BIOTRIO  | I OI ILLINOIO   |   |           |
| Case numb<br>(if known)       | ber  |   |   | ☐ Check if this is an amended filing  |           |
|                               | l Form 106H<br>Iule H: Your Code   | phtors  |   | 12)   | /15       |
| Sched                         | iule ni Your Code  | פוטוס   |   | 12/   | /15       |
| Arizon  No. Yes  3. In Col    | hin the last 8 years, have you la, California, Idaho, Louisiana, No Go to line 3.  S. Did your spouse, former spousumn 1, list all of your codebto | Nevada, New Mexico, Pi<br>ne, or legal equivalent liv<br>rs. Do not include you | uerto Rico, Texas, Washii re with you at the time? r spouse as a codebtor | f? (Community property states and territories include ngton, and Wisconsin.)  if your spouse is filing with you. List the person slaure you have listed the creditor on Schedule D (O |           |
|                               | 106D), Schedule E/F (Official F<br>olumn 2.  | Form 106E/F), or Sched  | dule G (Official Form 100   | 6G). Use Schedule D, Schedule E/F, or Schedule G  | i to fill |
|                               | Column 1: Your codebtor<br>Name, Number, Street, City, State and ZIP   | Code  |   | Column 2: The creditor to whom you owe the concheck all schedules that apply:   | debt      |
| 3.1                           |  |   |   | ☐ Schedule D, line  |           |
|                               | Name   |   |   | ☐ Schedule E/F, line  |           |
|                               |  |   |   | ☐ Schedule G, line  |           |
|                               | Number Street<br>City  | State   | ZIP Code  | _   |           |
|                               |  |   |   | Contradate D. Free  |           |
| 3.2                           | Name   |   |   | _ □ Schedule D, line □ Schedule E/F, line   |           |
|                               |  |   |   | ☐ Schedule G, line  |           |
| -                             | Number Street  |   |   | , <del></del>   |           |
|                               | City   | State   | ZIP Code  |   |           |

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| Fill               | in this information to identify your c   | ase:  |  |                  |                     |                                    |                                       |                        |  |
|--------------------|--|---|--|------------------|---------------------|------------------------------------|---------------------------------------|------------------------|--|
| Del                | otor 1 Michael R L   | uckow   |  |                  |                     |                                    |                                       |                        |  |
|                    | otor 2   |   |  |                  | _                   |                                    |                                       |                        |  |
| Uni                | ted States Bankruptcy Court for the  | : NORTHERN DISTRIC  | CT OF ILLINOIS                                 |                  | _                   |                                    |                                       |                        |  |
|                    | se number<br>nown)   |   | -  |                  |                     |                                    | ed filing<br>ent showing postpeti     |                        |  |
| O.                 | fficial Form 106I  |   |  |                  |                     |                                    | as of the following da                | ate:                   |  |
|                    | chedule I: Your Inc  | ome   |  |                  |                     | MM / DD/ Y                         | Y Y Y                                 | 12/15                  |  |
| sup<br>spo<br>atta | as complete and accurate as posi-<br>plying correct information. If you<br>use. If you are separated and you<br>ch a separate sheet to this form.  Describe Employment | are married and not filing wi                               | ng jointly, and your spith you, do not include | oouse<br>e infor | is livino<br>mation | g with you, incl<br>about your spo | ude information abouse. If more space | out your<br>is needed, |  |
| 1.                 | Fill in your employment information.   |   | Debtor 1                                       |                  |                     | Debtor 2                           | Debtor 2 or non-filing spouse         |                        |  |
|                    | If you have more than one job,   | Employment status   | ■ Employed                                     |                  |                     | ☐ Empl                             | oyed                                  |                        |  |
|                    | attach a separate page with information about additional   | Employment status   | ☐ Not employed                                 |                  |                     | ☐ Not e                            | employed                              |                        |  |
|                    | employers.   | Occupation  | Estimator                                      |                  |                     |                                    |                                       |                        |  |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name   | Blackhawk Powe                                 | r Solu           | itions              |                                    |                                       |                        |  |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address<br>1130 W Byron Ave<br>Addison, IL 60101 |  |                  |                     |                                    |                                       |                        |  |
|                    |  | How long employed to  | here? 4 years                                  |                  |                     |                                    |                                       |                        |  |
| Par                | t 2: Give Details About Mor  | nthly Income  |  |                  |                     |                                    |                                       |                        |  |
| spou<br>If yo      | mate monthly income as of the duse unless you are separated.  u or your non-filing spouse have meet space, attach a separate sheet to                                  | ore than one employer, co                                   |  |                  | •                   |                                    |                                       | Ū                      |  |
|                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |   |  |                  | F                   | or Debtor 1                        | For Debtor 2 or non-filing spous      | e                      |  |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   |   |  | 2.               | \$                  | 4,500.00                           | \$ <b>N</b>                           | <u>/A</u>              |  |
| 3.                 | Estimate and list monthly overt  | ime pay.  |  | 3.               | +\$_                | 0.00                               | +\$ <b>N</b>                          | <u>/A</u>              |  |
| 4.                 | Calculate gross Income. Add lin  | ne 2 + line 3.  |  | 4.               | \$_                 | 4,500.00                           | \$N/A                                 | -                      |  |

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| Deb     | tor 1         | Michael R Luckow   |             | C              | ase                          | number (if known) |        |                 |                  |                 |
|---------|---------------|--|-------------|----------------|------------------------------|-------------------|--------|-----------------|------------------|-----------------|
|         |               |  |             |                | For                          | Debtor 1          |        | ebtor 2         |                  |                 |
|         | Сор           | y line 4 here  | 4.          |                | \$                           | 4,500.00          | \$     | g op            | N/A              | _               |
| 5.      | List          | all payroll deductions:  |             |                |                              |                   |        |                 |                  |                 |
|         | 5a.           | Tax, Medicare, and Social Security deductions  | 5a          | ,              | \$                           | 0.00              | \$     |                 | N/A              |                 |
|         | 5b.           | Mandatory contributions for retirement plans   | 5b          |                | \$<br>-                      | 0.00              | \$     |                 | N/A              | -               |
|         | 5c.           | Voluntary contributions for retirement plans   | 5c          |                | <b>\$</b> —                  | 0.00              | \$     |                 | N/A              | -               |
|         | 5d.           | Required repayments of retirement fund loans   | 5d          |                | <sub>\$</sub> —              | 0.00              | \$     |                 | N/A              | -               |
|         | 5e.           | Insurance  | 5e          |                | \$<br>_                      | 0.00              | \$     |                 | N/A              | -               |
|         | 5f.           | Domestic support obligations   | 5f.         |                | <sub>\$</sub> —              | 0.00              | \$     |                 | N/A              | -               |
|         | 5g.           | Union dues   | 5g          |                | $\overset{\mathtt{\$}}{\$}-$ | 0.00              | \$     |                 | N/A              | -               |
|         | 5h.           | Other deductions. Specify:   | 5h          | •              | \$<br>_                      |                   | + \$   |                 | N/A              | -               |
| 6       |               |  | _           |                | *—<br>\$                     |                   |        |                 |                  | -               |
| 6.<br>- |               | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.          |                | · —                          | 0.00              | · —    |                 | N/A              | -               |
| 7.      |               | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.          |                | \$_                          | 4,500.00          | \$     |                 | N/A              | -               |
| 8.      | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                      | 8a          | ı.             | \$                           | 0.00              | \$     |                 | N/A              |                 |
|         | 8b.           | Interest and dividends   | 8b          |                | \$                           | 0.00              | \$     |                 | N/A              | -               |
|         | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.         | : <b>.</b>     | \$                           | 0.00              | \$     |                 | N/A              | -               |
|         | 8d.           | Unemployment compensation  | 8d          | l.             | \$                           | 0.00              | \$     |                 | N/A              | _               |
|         | 8e.           | Social Security  | 8e          | <del>)</del> . | \$                           | 0.00              | \$     |                 | N/A              | -               |
|         | 8f.<br>8g.    | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income | _ 8f.<br>8g |                | \$<br>                       | 0.00              | \$<br> |                 | N/A<br>N/A       |                 |
|         | 8h.           | Other monthly income. Specify:   | _ 8h        | 1.+            | \$                           | 0.00              | + \$   |                 | N/A              |                 |
| 9.      | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.          | \$             | ;<br>                        | 0.00              | \$     |                 | N/A              | A               |
| 10      | Calc          | culate monthly income. Add line 7 + line 9.  | 10.         | \$             |                              | 4,500.00 + \$     |        | N/A =           | \$               | 4.500.00        |
|         |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |             | Ψ_             |                              | ·   • _           |        | 17/7            | -                | 4,300.00        |
| 11.     | Stat<br>Inclu | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your r friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a                                   | depe        |                |                              |                   |        | hedule .<br>11. |                  | 0.00            |
| 12.     |               | the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certainies  |             |                |                              |                   |        | 12.             | \$               | 4,500.00        |
| 13.     | '             | you expect an increase or decrease within the year after you file this form?   | ?           |                |                              |                   |        |                 | Combir<br>nonthl | ned<br>y income |
|         |               | No.<br>Yes Eynlain   |             |                |                              |                   |        |                 |                  |                 |

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| Fill ir              | n this informa                                | ation to identify yo                                   | our case.                              |   |  | ı             |                       |                               |
|----------------------|---|--|--|---|--|---------------|-----------------------|-------------------------------|
| Debto                |   | Michael R Lu   |  |   |  | Ch            | eck if this is:       |                               |
| DODI                 | 01 1  | Wilchael R L   | JCKOW                                  |   |  |               | An amended fili       | ng                            |
| Debte                |   |  |  |   |  |               |                       | howing postpetition chapter   |
| (Spo                 | use, if filing)                               |  |  |   |  |               | 13 expenses as        | of the following date:        |
| Unite                | d States Bankı                                | ruptcy Court for the                                   | : NORTH                                | ERN DISTRICT OF ILLIN                               | IOIS                                   |               | MM / DD / YYY         | Y                             |
| Case                 | number  |  |  |   |  |               |                       |                               |
| (If kn               | own)  |  |  |   |  |               |                       |                               |
| Of                   | ficial Fo                                     | rm 106J  |  |   |  |               |                       |                               |
| Sc                   | hedule  | J: Your  | Exper                                  | ISAS  |  |               |                       | 12/15                         |
| Be a<br>infoi<br>num | is complete<br>rmation. If m<br>iber (if know | and accurate as<br>nore space is ne<br>n). Answer ever | possible.<br>eded, atta<br>ry question | If two married people a<br>ch another sheet to this |  |               |                       |                               |
| Part<br>1.           | 1: Desci                                      | ribe Your House  | hold                                   |   |  |               |                       |                               |
| ١.                   | _   |  |  |   |  |               |                       |                               |
|                      | ■ No. Go to                                   | o line 2.<br>es Debtor 2 live i                        | in a conar                             | ata hausahald?                                      |  |               |                       |                               |
|                      | _   |  | iii a sepai                            | ate nousenoid?                                      |  |               |                       |                               |
|                      |   |  | - 1 Cl - O(C - 1                       | -I.F 400 I.O. F                                     |  | - 1 1-1 - ( D | alata a O             |                               |
|                      | ЦΥ  | es. Deptor 2 mus                                       | st file Offici                         | al Form 106J-2, <i>Expenses</i>                     | s for Separate House                   | enoia of De   | eptor 2.              |                               |
| 2.                   | Do you have                                   | e dependents?  | ■ No                                   |   |  |               |                       |                               |
|                      | Do not list D<br>Debtor 2.                    | ebtor 1 and  | ☐ Yes.                                 | Fill out this information for each dependent        | Dependent's relat<br>Debtor 1 or Debto |               | Dependent's age       | Does dependent live with you? |
|                      | Do not state                                  | the  |  |   |  |               |                       | □ No                          |
|                      | dependents                                    |  |  |   |  |               |                       | ☐ Yes                         |
|                      |   |  |  |   |  |               |                       | □ No                          |
|                      |   |  |  |   |  |               |                       |                               |
|                      |   |  |  |   |  |               |                       | □ No                          |
|                      |   |  |  |   |  |               |                       | Pes                           |
|                      |   |  |  |   |  |               |                       | □ No                          |
| 3.                   | Do vour ove                                   | penses include   | _                                      |   |  |               |                       |                               |
|                      | expenses o<br>yourself an                     | f people other t<br>d your depende                     | han<br>nts? □                          | No<br>Yes   |  |               |                       |                               |
| Part                 |   | nate Your Ongoi  |  |   | tou one uning this f                   |               | accomplane and in a f | Chapter 13 case to report     |
| expe                 |   | a date after the l                                     |  |   |  |               |                       | p of the form and fill in the |
| the v                | value of suc                                  | h assistance an  |  | government assistance i                             |  |               | Varia                 |                               |
| (Offi                | icial Form 10                                 | 061.)  |  |   |  |               | Toure                 | expenses                      |
| 4.                   |   | or home owners   |  | ses for your residence. I                           | Include first mortgag                  | e 4.          | \$                    | 1,981.00                      |
|                      | If not include                                | ded in line 4:   |  |   |  |               |                       |                               |
|                      | 4a. Real                                      | estate taxes   |  |   |  | 4a.           | \$                    | 0.00                          |
|                      |   | erty, homeowner's                                      | s, or renter                           | 's insurance  |  | 4b.           | · .                   | 0.00                          |
|                      | 4c. Home                                      | e maintenance, re                                      | pair, and ι                            | ıpkeep expenses                                     |  | 4c.           | \$                    | 50.00                         |
| _                    |   | owner's associat                                       |  |   |  | 4d.           |                       | 0.00                          |
| 5.                   | Additional i                                  | mortgage payme   | ents for yo                            | <b>our residence</b> , such as ho                   | ome equity loans                       | 5.            | \$                    | 0.00                          |

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| Debtor 1        | Michael R Luckow  | Case num      | ber (if known)     |                          |
|-----------------|---|---------------|--------------------|--------------------------|
| . Utili         | ties:   |               |                    |                          |
| 6a.             | Electricity, heat, natural gas  | 6a.           | \$                 | 240.00                   |
| 6b.             | Water, sewer, garbage collection  | 6b.           | · -                | 50.00                    |
| 6c.             | Telephone, cell phone, Internet, satellite, and cable services  | 6c.           | ·                  | 125.00                   |
| 6d.             | Other. Specify:   | 6d.           | ·                  | 0.00                     |
|                 | d and housekeeping supplies   | 7.            | ·                  | 380.00                   |
|                 | dcare and children's education costs  | 8.            | \$                 |                          |
| _               |   | 9.            | \$                 | 0.00                     |
|                 | hing, laundry, and dry cleaning<br>sonal care products and services   |               | *                  | 80.00                    |
|                 | •   | 10.           | ·                  | 80.00                    |
|                 | lical and dental expenses   | 11.           | \$                 | 50.00                    |
|                 | nsportation. Include gas, maintenance, bus or train fare. not include car payments.   | 12.           | \$                 | 320.00                   |
|                 | ertainment, clubs, recreation, newspapers, magazines, and books   | 13.           | ·                  | 0.00                     |
|                 | ritable contributions and religious donations   | 14.           | •                  | 0.00                     |
| i. Insu         | •   | 14.           | Ψ                  | 0.00                     |
|                 | not include insurance deducted from your pay or included in lines 4 or 20.  |               |                    |                          |
|                 | Life insurance  | 15a.          | \$                 | 0.00                     |
|                 | Health insurance  | 15b.          | ·                  | 0.00                     |
|                 | Vehicle insurance   | 15c.          | · -                | 0.00                     |
|                 | Other insurance. Specify:   | 15d.          | ·                  |                          |
|                 | · · · · · · · · · · · · · · · · · · ·   |               | Ψ                  | 0.00                     |
| s. raxe<br>Spec | es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify:   | 16.           | \$                 | 0.00                     |
|                 | allment or lease payments:  |               |                    |                          |
|                 | Car payments for Vehicle 1  | 17a.          | *                  | 0.00                     |
|                 | Car payments for Vehicle 2  | 17b.          | \$                 | 0.00                     |
| 17c.            | Other. Specify: Landmark CU   | 17c.          | \$                 | 287.00                   |
| 17d.            | Other. Specify:   | 17d.          | \$                 | 0.00                     |
| 3. You          | r payments of alimony, maintenance, and support that you did not report a   | <b>s</b> 18.  | \$                 | 0.00                     |
| aeai            | ucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I),<br>er payments you make to support others who do not live with you. | . 10.         | \$                 | 0.00                     |
| Spe             |   | 19.           | Ψ                  | 0.00                     |
|                 | er real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i>  |               | our Income         |                          |
|                 | Mortgages on other property   | 20a.          |                    | 0.00                     |
|                 | Real estate taxes   | 20a.<br>20b.  | · .                |                          |
|                 |   | 20b.<br>20c.  | ·                  | 0.00                     |
|                 | Property, homeowner's, or renter's insurance  |               | ·                  | 0.00                     |
|                 | Maintenance, repair, and upkeep expenses  | 20d.          |                    | 0.00                     |
|                 | Homeowner's association or condominium dues   | 20e.          | ·                  | 0.00                     |
| . Othe          | er: Specify:  | 21.           | _+\$               | 0.00                     |
| 2. Calc         | culate your monthly expenses  |               |                    |                          |
| 22a.            | Add lines 4 through 21.   |               | \$                 | 3,643.00                 |
| 22b.            | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |               | \$                 | ,                        |
|                 | Add line 22a and 22b. The result is your monthly expenses.  |               | \$                 | 3 643 00                 |
| 220.            | Add the ZZa and ZZD. The result is your monthly expenses.   |               | Ψ                  | 3,643.00                 |
|                 | culate your monthly net income.   |               |                    |                          |
| 23a.            | Copy line 12 (your combined monthly income) from Schedule I.  | 23a.          | \$                 | 4,500.00                 |
| 23b.            | Copy your monthly expenses from line 22c above.   | 23b.          | -\$                | 3,643.00                 |
| 230             | Subtract your monthly expenses from your monthly income.  |               |                    |                          |
| 200.            | The result is your <i>monthly net income</i> .  | 23c.          | \$                 | 857.00                   |
| 4. <b>Do</b> y  | ou expect an increase or decrease in your expenses within the year after y  | ou file this  | form?              |                          |
|                 | example, do you expect to finish paying for your car loan within the year or do you expect your fication to the terms of your mortgage?                 | ur mortgage p | payment to increas | se or decrease because o |
| ■ N             | lo.   |               |                    |                          |
|                 | Yes. Explain here:  |               |                    |                          |

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| Fill in this infor               | mation to identify your                            | case:                    |                            |   |  |
|----------------------------------|--|--------------------------|----------------------------|---|--|
| Debtor 1                         | Michael R Luckov                                   |                          |                            |   |  |
| Debtor 1                         | First Name   | Middle Name              | Last Name                  |   |  |
| Debtor 2                         |  |                          |                            |   |  |
| (Spouse if, filing)              | First Name   | Middle Name              | Last Name                  |   |  |
| United States Ba                 | ankruptcy Court for the:                           | NORTHERN DISTRICT        | OF ILLINOIS                |   |  |
| Case number                      |  |                          |                            |   |  |
| (if known)                       |  |                          |                            |   | Check if this is an amended filing                       |
| You must file the obtaining mone | is form whenever you fi                            | n connection with a bank | or amended schedules       | s. Making a false statement, co<br>in fines up to \$250,000, or imp |  |
| Sig                              | ın Below   |                          |                            |   |  |
| Did you pa                       | ay or agree to pay some                            | one who is NOT an attor  | ney to help you fill out b | bankruptcy forms?   |  |
| ■ No                             |  |                          |                            |   |  |
| ☐ Yes.                           | Name of person                                     |                          |                            |   | etition Preparer's Notice,<br>pature (Official Form 119) |
|                                  | alty of perjury, I declare<br>re true and correct. | that I have read the sum | mary and schedules file    | ed with this declaration and  |  |
| X /s/ Mic                        | chael R Luckow                                     |                          | X                          |   |  |
|                                  | el R Luckow  |                          | Signature of               | Debtor 2  |  |
|                                  | ire of Debtor 1                                    |                          | -                          |   |  |
| Date                             | November 3, 2017                                   |                          | Date                       |   |  |

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|                   | l in this inform                               | otion to identify you   |  |   |   |   |  |  |  |  |  |  |
|-------------------|--|---|--|---|---|---|--|--|--|--|--|--|
| _                 |  | ation to identify you   |  |   |   |   |  |  |  |  |  |  |
| De                | btor 1   | Michael R Lucko   | Middle Name                                | Last Name   |   |   |  |  |  |  |  |  |
|                   | btor 2   | First Name  | Middle Norse                               | Leat News   |   |   |  |  |  |  |  |  |
|                   | ouse if, filing)                               | First Name  | Middle Name                                | Last Name   |   |   |  |  |  |  |  |  |
| Un                | ited States Ban                                | kruptcy Court for the:  | NORTHERN DISTRICT                          | OF ILLINOIS   |   |   |  |  |  |  |  |  |
|                   | se number<br>nown)                             |   |  |   |   | check if this is an mended filing                     |  |  |  |  |  |  |
| St<br>Be a        | as complete a                                  | of Financial  | ible. If two married people                |   | equally responsible for sup                                     |   |  |  |  |  |  |  |
|                   |  | ). Answer every que   |  | this form. On the top of any  | y additional pages, write you                                   | ir name and case                                      |  |  |  |  |  |  |
| Pa                | rt 1: Give D                                   | etails About Your Ma  | arital Status and Where You                | ı Lived Before  |   |   |  |  |  |  |  |  |
| 1.                | What is your                                   | current marital statu   | is?  |   |   |   |  |  |  |  |  |  |
|                   | <ul><li>□ Married</li><li>■ Not marr</li></ul> | ied   |  |   |   |   |  |  |  |  |  |  |
| 2.                | During the la                                  | st 3 years, have you  | lived anywhere other than                  | where you live now?   |   |   |  |  |  |  |  |  |
|                   | ■ No □ Yes. List                               | all of the places you lived in the last 3 years. Do not include where you live now. |  |   |   |   |  |  |  |  |  |  |
|                   | Debtor 1 Pri                                   | or Address:   | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad   | dress:  | Dates Debtor 2<br>lived there                         |  |  |  |  |  |  |
| <b>3.</b><br>stat |  |   |  |   | ity property state or territory<br>ico, Texas, Washington and W |   |  |  |  |  |  |  |
|                   | ■ No<br>□ Yes. Mal                             | ke sure you fill out <i>Scl</i>   | hedule H: Your Codebtors (O                | fficial Form 106H).   |   |   |  |  |  |  |  |  |
| Pa                | rt 2 Explair                                   | the Sources of You  | r Income                                   |   |   |   |  |  |  |  |  |  |
| 4.                | Fill in the total                              | amount of income yo   | u received from all jobs and               | ng a business during this yeall businesses, including parter together, list it only once ur |   | ndar years?   |  |  |  |  |  |  |
|                   | □ No ■ Yes. Fill                               | in the details.   |  |   |   |   |  |  |  |  |  |  |
|                   |  |   | Debtor 1                                   |   | Debtor 2  |   |  |  |  |  |  |  |
|                   |  |   | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)                                       | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions<br>and exclusions) |  |  |  |  |  |  |
|                   |  | of current year until<br>I for bankruptcy:  | ■ Wages, commissions, bonuses, tips        | \$45,000.00   | ☐ Wages, commissions, bonuses, tips                             |   |  |  |  |  |  |  |
|                   |  |   | ☐ Operating a business                     |   | ☐ Operating a business  |   |  |  |  |  |  |  |

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Case number (if known) Debtor 1 Michael R Luckow

|     |               |                                      |                                      |                                |  | Debtor 1                                 |   |   |  |   | Debtor 2                               |                            |   |  |
|-----|---------------|--------------------------------------|--------------------------------------|--------------------------------|--|--|---|---|--|---|--|----------------------------|---|--|
|     |               |                                      |                                      |                                |  |  | of income<br>that apply.                | (befo   | ss income<br>ore deductions<br>usions)       | s and                                     | Sources of inc<br>Check all that a     |                            | Gross income<br>(before deductions<br>and exclusions) |  |
|     |               | calen<br>y 1 to                      |                                      |                                | 1, 2016 )  | ■ Wages<br>bonuses,                      | s, commissions,<br>tips                 |   | \$84,00                                      | 00.00                                     | ☐ Wages, commissions, bonuses, tips    |                            |   |  |
|     |               |                                      |                                      |                                |  | ☐ Opera                                  | ting a business                         |   |  |   | ☐ Operating a                          | business                   |   |  |
|     |               |                                      |                                      |                                | ore that:<br>1, 2015 )   | ■ Wages bonuses,                         | s, commissions,<br>tips                 |   | \$110,00                                     | 00.00                                     | ☐ Wages, combonuses, tips              | missions,                  |   |  |
|     |               |                                      |                                      |                                |  | ☐ Opera                                  | ting a business                         |   |  |   | ☐ Operating a business                 |                            |   |  |
| 5.  | Incluand winr | ude ind<br>other<br>nings.<br>each s | come i<br>public<br>If you<br>source | regardl<br>benefi<br>are filir | ess of wheth<br>t payments;<br>ng a joint cas<br>ne gross inco | er that inco<br>pensions; r<br>e and you |   | amples of the contract of the | of other inconidends; mone eived together    | ne are ali<br>y collecte<br>r, list it or | ed from lawsuits;<br>aly once under De | royalties; and<br>ebtor 1. | ecurity, unemployment,<br>d gambling and lottery      |  |
|     |               |                                      |                                      |                                |  | Debtor 1                                 |   |   |  |   | Debtor 2                               |                            |   |  |
|     |               |                                      |                                      |                                |  | Sources of Describe                      | of income<br>below.                     | each<br>(befo   | ss income from source ore deductions usions) |   | Sources of inc<br>Describe below       |                            | Gross income<br>(before deductions<br>and exclusions) |  |
| Par | t 3:          | List                                 | Certa                                | ain Pay                        | ments You  | Made Befo                                | ore You Filed for                       | Bankru  | ptcy   |   |  |                            |   |  |
| 6.  | Are           | either                               | Debt                                 | or 1's                         | or Debtor 2'   | s debts pr                               | imarily consume                         | er debts  | ?  |   |  |                            |   |  |
|     |               | No.                                  |                                      |                                |  |  | s primarily constantly, or househo      |   |  | er debts                                  | are defined in 11                      | U.S.C. § 101               | (8) as "incurred by an                                |  |
|     |               |                                      | Durir                                | •                              | 90 days befo<br>Go to line 7                                   | •  | for bankruptcy, d                       | lid you pa  | ay any credito                               | or a total                                | of \$6,425* or mo                      | re?                        |   |  |
|     |               |                                      |                                      |                                | paid that cre<br>not include                                   | editor. Do n<br>payments t               | ot include payme<br>o an attorney for t | nts for do<br>this bank   | omestic suppo<br>cruptcy case.               | ort obliga                                | itions, such as ch                     | nild support ar            | ne total amount you<br>nd alimony. Also, do           |  |
|     |               |                                      | * Sı                                 | ıbject t                       | o adjustment   | on 4/01/19                               | and every 3 year                        | rs after th   | hat for cases                                | filed on o                                | or after the date o                    | f adjustment.              |   |  |
|     |               | Yes.                                 |                                      |                                |  |  | e primarily consi<br>for bankruptcy, d  |   |  | or a total                                | of \$600 or more?                      | 1                          |   |  |
|     |               |                                      |                                      |                                | Go to line 7   |  |   |   |  |   |  |                            |   |  |
|     |               |                                      |                                      | Yes                            |  | ments for d                              |   |   |  |   |  |                            | creditor. Do not noclude payments to an               |  |
|     | Cre           | editor'                              | s Nan                                | ne and                         | Address  |  | Dates of payme                          | ent   | Total amo                                    | ount<br>paid                              | Amount you still owe                   | Was this p                 | ayment for  |  |

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| Debtor 1 | Michael R Luckow | Document | Page 36 of 53 Case number (if known) |  |
|----------|------------------|----------|--------------------------------------|--|
|          |                  |          |                                      |  |

| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |                      |   |                      |                                   |   |
|-----|---|----------------------|---|----------------------|-----------------------------------|---|
|     | No No   |                      |   |                      |                                   |   |
|     | Yes. List all payments to an insider.   |                      |   |                      |                                   |   |
|     | Insider's Name and Address  | Dates of payment     | Total amount paid   | Amount you still owe | Reason for th                     | nis payment                               |
| В.  | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.   |                      |   |                      |                                   |   |
|     | ■ No  |                      |   |                      |                                   |   |
|     | ☐ Yes. List all payments to an insider  |                      |   |                      |                                   |   |
|     | Insider's Name and Address  | Dates of payment     | Total amount paid   | Amount you still owe | Reason for the Include creditor   |   |
| Par | t 4: Identify Legal Actions, Repossession   | ns, and Foreclosures |   |                      |                                   |   |
| 9.  | Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.  No  Yes. Fill in the details.  |                      |   |                      |                                   |   |
|     | Case title Case number  | Nature of the case   | Court or agency   |                      | Status of the case                |   |
|     | Branch Banking and Trust<br>Company<br>v.<br>Michael R. Luckow<br>2017 CH 000257  | Foreclosure          | Dupage Circuit Court<br>505 County Farm Road<br>PO Box 707<br>Wheaton, IL 60187 |                      | ■ Pending □ On appeal □ Concluded |   |
| 10. | Within 1 year before you filed for bankrupte Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address   |                      |   | oreclosed, garnis    | shed, attached,                   | seized, or levied?  Value of the property |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details.  |                      |   |                      |                                   |   |
|     | Creditor Name and Address   |                      |   | Date<br>taker        | action was                        | Amount                                    |
| 12. | Within 1 year before you filed for bankruptcourt-appointed receiver, a custodian, or a  ■ No □ Yes  |                      | rty in the possessi   | on of an assigne     | e for the benefi                  | t of creditors, a                         |

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Debtor 1 Michael R Luckow

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| Par | t 5: List Certain Gifts and Contributions   |  |   |                           |
|-----|---|--|---|---------------------------|
| 13. | ■ No □ Yes. Fill in the details for each gift.  | y, did you give any gifts with a total value of more t   |   |                           |
|     | Person to Whom You Gave the Gift and Address:   | Describe the gifts   | Dates you gave the gifts                | Value                     |
| 14. | Within 2 years before you filed for bankruptc  ■ No  □ Yes. Fill in the details for each gift or contril                                    | y, did you give any gifts or contributions with a tota   | al value of more than                   | \$600 to any charity?     |
|     | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)            | Describe what you contributed  | Dates you contributed                   | Value                     |
| Par | t 6: List Certain Losses  |  |   |                           |
| 15. | Within 1 year before you filed for bankruptcy or gambling?  No Yes. Fill in the details.  | or since you filed for bankruptcy, did you lose any  | thing because of the                    | it, fire, other disaster, |
|     | how the loss occurred Incl  | cribe any insurance coverage for the loss ude the amount that insurance has paid. List pending trance claims on line 33 of Schedule A/B: Property. | Date of your loss                       | Value of property lost    |
| Par | t 7: List Certain Payments or Transfers   |  |   |                           |
| 16. | consulted about seeking bankruptcy or prep  | , did you or anyone else acting on your behalf pay or aring a bankruptcy petition? rers, or credit counseling agencies for services require        |   | rty to anyone you         |
|     | Yes. Fill in the details.   |  |   |                           |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You                                       | Description and value of any property transferred  | Date payment or transfer was made       | Amount of payment         |
|     | The Law Offices of Jonathan R Haddad<br>1147 W 175th Street<br>Homewood, IL 60430<br>Jonathan@JRHaddadlaw.com                               | Attorney Fees \$3000.00 Filing Fee & Credit Report \$343.00  |   | \$3,000.00                |
| 17. | Within 1 year before you filed for bankruptcy promised to help you deal with your creditor. Do not include any payment or transfer that you |  | or transfer any prope                   | rty to anyone who         |
|     | No Silving to the silving   |  |   |                           |
|     | Yes. Fill in the details.   | Description and value of any property  | Data navment                            | Amount of                 |
|     | Person Who Was Paid<br>Address  | Description and value of any property transferred  | Date payment<br>or transfer was<br>made | Amount of payment         |

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Debtor 1 Michael R Luckow

| 18.   | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No  Yes. Fill in the details. |  |         |  |                            |             |  |             |   |
|---|---|--|---------|--|----------------------------|-------------|--|-------------|---|
|   | Add   | son Who Received Transfer<br>ress<br>son's relationship to you   |         | Description and property transfe                                     |                            | paym        | ribe any property or<br>ents received or debts<br>n exchange | Date<br>mad | transfer was<br>e                           |
| 19.   | bene  | in 10 years before you filed for bankru<br>ficiary? (These are often called asset-pa<br>No<br>Yes. Fill in the details.  |         |  | ny property to a           | self-settle | ed trust or similar device                                   | of whi      | ch you are a                                |
|   | Nam   | ne of trust  |         | Description and  | value of the pro           | perty trans | sferred  | Date<br>mad | Transfer was                                |
|   | sold,<br>Inclu<br>hous  | List of Certain Financial Accounts, Ir<br>in 1 year before you filed for bankrupt<br>moved, or transferred?<br>de checking, savings, money market,<br>ies, pension funds, cooperatives, asso<br>No | cy, we  | ere any financial a  | ccounts or instru          | uments he   | eld in your name, or for yo                                  |             |   |
|   | Nam   | Yes. Fill in the details. ne of Financial Institution and ress (Number, Street, City, State and ZIP )  |         | st 4 digits of<br>count number                                       | Type of account instrument | unt or      | Date account was closed, sold, moved, or transferred         | bef         | Last balance<br>fore closing or<br>transfer |
| 21.   | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  No  |  |         |  |                            |             |  |             |   |
|   |   | Yes. Fill in the details.<br>ne of Financial Institution   |         | Who else had ac  | coss to it?                | Doscribo    | the contents   | D/          | o you still                                 |
|   |   | ress (Number, Street, City, State and ZIP Code)  |         | Address (Number,<br>State and ZIP Code)                              |                            | Describe    | the contents   |             | ave it?                                     |
| 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  No Yes, Fill in the details.   |   |  |         |  |                            |             |  |             |   |
|   |   | ne of Storage Facility ress (Number, Street, City, State and ZIP Code)   |         | Who else has or<br>to it?<br>Address (Number,<br>State and ZIP Code) |                            | Describe    | the contents   |             | o you still<br>ave it?                      |
| Par   | t 9:  | Identify Property You Hold or Contro   | l for S | Someone Else   |                            |             |  |             |   |
| <ul> <li>Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in tru for someone.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |   |  |         |  |                            |             | hold in trust  |             |   |
|   | _   | ner's Name<br>ress (Number, Street, City, State and ZIP Code)  |         | Where is the pro<br>(Number, Street, City,<br>Code)                  |                            | Describe    | the property   |             | Value                                       |
| Par   | t 10:   | Give Details About Environmental In  | forma   | ation  |                            |             |  |             |   |
| For   | the pu  | urpose of Part 10, the following definit   | ions    | apply:   |                            |             |  |             |   |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

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Michael R Luckow Debtor 1

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

|  | hazardous material, pollutant, contaminant, or similar term.  |   |       |  |                    |  |  |
|--|---|---|-------|--|--------------------|--|--|
| Rep  | ort all notices, releases, and proceedings th   | at you know about, regardless of whe                                      | n the | y occurred.  |                    |  |  |
| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? |   |   |       |  |                    |  |  |
|  | ■ No  |   |       |  |                    |  |  |
|  | Yes. Fill in the details.   |   |       |  |                    |  |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | d     | Environmental law, if you know it                                  | Date of notice     |  |  |
| 25.  | Have you notified any governmental unit of  | any release of hazardous material?  |       |  |                    |  |  |
|  | ■ No<br>□ Yes. Fill in the details.   |   |       |  |                    |  |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | d     | Environmental law, if you know it                                  | Date of notice     |  |  |
| 26.  | Have you been a party in any judicial or adr  | ministrative proceeding under any envi                                    | ironn | nental law? Include settlements a                                  | nd orders.         |  |  |
|  | ■ No<br>□ Yes. Fill in the details.   |   |       |  |                    |  |  |
|  | Case Title<br>Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nat   | ture of the case   | Status of the case |  |  |
| Par  | 11: Give Details About Your Business or   | Connections to Any Business   |       |  |                    |  |  |
| 27.  | ithin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? |   |       |  |                    |  |  |
|  | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time                   |   |       |  |                    |  |  |
|  | ■ A member of a limited liability company (LLC) or limited liability partnership (LLP)  |   |       |  |                    |  |  |
|  | ☐ A partner in a partnership  |   |       |  |                    |  |  |
|  | ☐ An officer, director, or managing executive of a corporation  |   |       |  |                    |  |  |
|  | ☐ An owner of at least 5% of the voting or equity securities of a corporation   |   |       |  |                    |  |  |
|  | □ No. None of the above applies. Go to Part 12.   |   |       |  |                    |  |  |
|  | Yes. Check all that apply above and fill in the details below for each business.  |   |       |  |                    |  |  |
|  | Business Name Address (Number, Street, City, State and ZIP Code)  | Describe the nature of the business  Name of accountant or bookkeeper     |       | Employer Identification number<br>Do not include Social Security r |                    |  |  |
|  | ,   | Name of accountant of Bookkeeper  |       | Dates business existed   |                    |  |  |
|  | Blackhawk Power Solutions LLC<br>1130 W Byron Ave<br>Addison, IL 60101  | Electrical Work   |       | EIN: From-To 2014- to present                                      |                    |  |  |
|  |   |   |       |  |                    |  |  |

Document Page 40 of 53 Debtor 1 Michael R Luckow Case number (if known) 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. ☐ Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Michael R Luckow Signature of Debtor 2 Michael R Luckow Signature of Debtor 1 Date November 3, 2017 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

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Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Filed 11/03/17

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: |    | Liquidation        |  |
|------------|----|--------------------|--|
| \$24       | 5  | filing fee         |  |
| \$75       | 5  | administrative fee |  |
| + \$1      | 5_ | trustee surcharge  |  |
| \$33       | 5  | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

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#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$3,000.00 toward the flat fee, leaving a balance due of \$1,000.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00.

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: November 3, 2017                 | J J                        |
|--|----------------------------|
| Signed:                                |                            |
| /s/ Michael R Luckow                   | /s/ Jonathan R. Haddad     |
| Michael R Luckow                       | Jonathan R. Haddad 6319215 |
|  | Attorney for the Debtor(s) |
| Debtor(s)                              |                            |
| Do not sign this agreement if the amou | nts are blank.             |

**Local Bankruptcy Form 23c** 

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B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court**Northern District of Illinois

| In re  | Michael R Luckow  |  | Case No.  |                                      |  |  |
|--------|---|--|---|--------------------------------------|--|--|
|        |   | Debtor(s)  | Chapter   | 13                                   |  |  |
|        | DISCLOSURE OF COMPENS   | ATION OF ATTO  | DRNEY FOR D   | EBTOR(S)                             |  |  |
| C      | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), ompensation paid to me within one year before the filing of e rendered on behalf of the debtor(s) in contemplation of or   | f the petition in bankrupto  | y, or agreed to be paid   | d to me, for services rendered or to |  |  |
|        | For legal services, I have agreed to accept   |  | \$  | 4,000.00                             |  |  |
|        | Prior to the filing of this statement I have received   |  | \$  | 3,000.00                             |  |  |
|        | Balance Due   |  |   | 1,000.00                             |  |  |
| 2.     | The source of the compensation paid to me was:  |  |   |                                      |  |  |
|        | ■ Debtor □ Other (specify):   |  |   |                                      |  |  |
| 3.     | The source of compensation to be paid to me is:   |  |   |                                      |  |  |
|        | ☐ Debtor ☐ Other (specify): Chapter 1   | 3 Trustee  |   |                                      |  |  |
| 4.     | I have not agreed to share the above-disclosed compensation   | ation with any other perso   | on unless they are mer  | nbers and associates of my law firm. |  |  |
| I      | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names  |  |   |                                      |  |  |
| 5.     | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:   |  |   |                                      |  |  |
| t<br>c | <ul> <li>Analysis of the debtor's financial situation, and rendering</li> <li>Preparation and filing of any petition, schedules, stateme</li> <li>Representation of the debtor at the meeting of creditors a</li> <li>[Other provisions as needed]</li> <li>Negotiations with secured creditors to redureaffirmation agreements and applications</li> <li>522(f)(2)(A) for avoidance of liens on house</li> </ul> | ent of affairs and plan whi<br>and confirmation hearing,<br>uce to market value; e<br>as needed; preparation | ch may be required;<br>and any adjourned he<br>xemption planning  | arings thereof;                      |  |  |
| 6. I   | By agreement with the debtor(s), the above-disclosed fee do Representation of the debtors in any discharge any other adversary proceeding.  |  |   | ces, relief from stay actions or     |  |  |
|        | 0   | CERTIFICATION  |   |                                      |  |  |
|        | certify that the foregoing is a complete statement of any agankruptcy proceeding.   | reement or arrangement f   | For payment to me for   | representation of the debtor(s) in   |  |  |
| N      | ovember 3, 2017   | /s/ Jonathan R.  |   |                                      |  |  |
|        | nte   | 1147 W 175th S<br>Homewood, IL   | ney<br>s of Jonathan R Ha<br>treet<br>60430<br>Fax: (708)991-2058 |                                      |  |  |

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#### United States Bankruptcy Court Northern District of Illinois

| In re | Michael R Luckow                           |   | Case No.                   |                |
|-------|--|---|----------------------------|----------------|
|       |  | Debtor(s)   | Chapter 13                 |                |
|       | VE   | RIFICATION OF CREDITOR M                                  | ATRIX                      |                |
|       |  | Number of   | Creditors:                 | 10             |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit                   | ors is true and correct to | the best of my |
| Date: | November 3, 2017                           | /s/ Michael R Luckow Michael R Luckow Signature of Debtor |                            |                |

Bb&T Attn: Bankruptcy Po Box 1847 Wilson, NC 27894

Capital One Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Card Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

Codilis & Associates, PC 15W030 N Frontage Road Burr Ridge, IL 60527

Comenity/Crate & Barrell Comenity Bank Po Box 182125 Columbus, OH 43218

Landmark Credit Union Po Box 51070 New Berlin, WI 53151

LVNV Funding/Resurgent Capital Po Box 10497 Greenville, SC 29603

Med Business Bureau 1460 Renaissance Dr #400 Park Ridge, IL 60068

Nationwide Credit & Collections, Inc Attn: Bankruptcy 815 Commerce Dr Ste 270 Oak Brook, IL 60523

Worlds Foremost Bank N Attn: Bankruptcy 4800 Nw 1st St Lincoln, NE 68521